

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022906

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 3001

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY **JACKSON**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **KANSAS CITY**Length of stay in 1b
62 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **RESEARCH HOSPITAL**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** COUNTY **JACKSON**c. CITY OR TOWN **KANSAS CITY**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
6642 BELLEFONTAINEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First **PAULINE**

Middle

Last **CAMPBELL**

4. DATE OF DEATH

Month **JUNE**Day **5**Year **1962**

5. SEX

FEMALE

6. COLOR OR RACE

WHITE7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/16/1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months **69** Days **69** Hours **69** Min. **69**

IF UNDER 24 HR

Months **69** Days **69** Hours **69** Min. **69**

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Retired teacher

10b. KIND OF BUSINESS OR INDUSTRY

Education

11. BIRTHPLACE (City and state or country)

Butler, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James M.**CAMPBELL**

13b. MOTHER'S MAIDEN NAME

Cassandra Oldham

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

---17. INFORMANT **Glenn**

Address

Glenn Campbell, 3035 Harrison Street18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **Heart failure**

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Bundled branch disease****2 days**DUE TO (c) **Hemorrhagic gastric ulcer****2 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Valvular + atherosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour **---** a.m. **---** p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4-26, 1962** to **6-5-62** and last saw her **him** alive on **6-4, 1962**.Death occurred at **6:55 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Winkelman M.D.

22b. ADDRESS

7449 Broadway K.C.Mo

22c. DATE SIGNED

6-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City

23e. STATE

Missouri

24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

6-6-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

6/11/62

INSTEAD OF

Glenn Campbell

SHOULD READ

Glenn Campbell

BY AFFIDAVIT OF Informant

B. Winkelman

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 1173

P. O. Address K.C. 10 Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

10:30. 12.00. 1:30. 5:00

10:30. 12.00. 1:30. 5:00